



PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

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Application or Docket Number

|                                                                          |                                                                                                                                                                             |                                |                                 |             |         |                                            |                  |          |                       | 0                      | <u> </u>      | プ        |                    | - 12 J                 |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-------------|---------|--------------------------------------------|------------------|----------|-----------------------|------------------------|---------------|----------|--------------------|------------------------|
| L                                                                        |                                                                                                                                                                             | CLA                            | AIMS AS FILED - P<br>(Column 1) |             |         | PART I (Column 2)                          |                  |          | SMA<br>TYP            | LL ENT                 | ITY<br>]      | OF       |                    | ER THAN                |
| FOR                                                                      |                                                                                                                                                                             |                                | NUMBER FILED                    |             |         | NUMBER EXTRA                               |                  |          | RAT                   | E FI                   | Œ             | 7        | RATE               |                        |
| В                                                                        | ASIC FEE                                                                                                                                                                    |                                |                                 | <del></del> |         |                                            |                  | 1        |                       |                        | ).00          | OF       |                    | 760.0                  |
| TOTAL CLAIMS minu                                                        |                                                                                                                                                                             |                                |                                 |             |         | 20= *                                      |                  |          | X\$ 9                 |                        | $\sim$        | OF       | 1                  |                        |
| INDEPENDENT CLAIMS U minus 3 = * ;                                       |                                                                                                                                                                             |                                |                                 |             |         | 7                                          | X39=             |          | $\frac{\angle}{\Box}$ | OF                     | 1             |          |                    |                        |
| М                                                                        | MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                            |                                |                                 |             |         |                                            |                  |          | .420                  |                        | 7             |          |                    | +                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                             |                                |                                 |             |         |                                            | •                | +130=    | _                     | 1 -                    | OR            |          |                    |                        |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                             |                                |                                 |             |         |                                            |                  | IOIA     | 44                    | Col                    | JOR           |          | R THAN             |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                             |                                |                                 |             |         |                                            | _                | SMAL     | L ENTII               | Y                      | OR            |          | ENTITY             |                        |
| AMENDMENT A                                                              | A                                                                                                                                                                           | REMA                           | UNING<br>TER<br>DMENT           |             | PR      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                  | ADI<br>TION<br>FEI     | AL.           |          | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total *                                                                                                                                                                     | - (                            | 1_                              | Minus       | **      | 23                                         | =                |          | X\$ 9=                |                        |               | OR       | X\$18=             |                        |
| A                                                                        | Independent<br>FIRST PRES                                                                                                                                                   | * ¿                            | )                               | Minus       |         | 4                                          | = /              |          | X39=                  |                        | $\overline{}$ | OR       | X78=               | 1                      |
|                                                                          |                                                                                                                                                                             |                                | 101 101                         | OLTIPLE D   | EPENU   | ENT CLAIM                                  |                  |          | +130=                 |                        |               |          | +260=              |                        |
|                                                                          |                                                                                                                                                                             |                                |                                 |             |         |                                            |                  | L        | TOTA                  |                        | $\overline{}$ | OR<br>OR | TOTAL              |                        |
|                                                                          |                                                                                                                                                                             | (Colur                         | nn 1)                           |             | (Co     | olumn 2)                                   | (Column 3)       | Al       | DDIT. FEI             | <u> </u>               |               | OH,      | ADDIT. FEE         | :                      |
| N L                                                                      |                                                                                                                                                                             | CLAI<br>REMAI<br>AFTI<br>AMEND | NING<br>ER                      |             | PRI     | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR   | PRESENT<br>EXTRA | Γ        | RATE                  | ADDI<br>TIONA<br>FEE   | \L            |          | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                       | *                              |                                 | Minus       | •••     |                                            | =                |          | X\$ 9=                |                        |               | OR       | X\$18=             |                        |
|                                                                          | Independent<br>FIRST PRESE                                                                                                                                                  | *<br>ENTATION                  | OF MI                           | Minus       | PENDE   | AUT OL AUG                                 | =                |          | X39=                  |                        | 7             | OR       | X78=               | <u> </u>               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                             |                                |                                 |             |         |                                            |                  | 1        | +130=                 |                        | 7             | OR       | +260=              |                        |
|                                                                          |                                                                                                                                                                             |                                |                                 |             |         |                                            |                  | AD       | TOTAL<br>DIT. FEE     |                        |               | OR A     | TOTAL<br>DDIT. FEE |                        |
|                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                       | (Colum                         | AS                              |             |         | lumn 2) -<br>GHEST                         | (Column 3)       | _        |                       |                        |               |          |                    |                        |
| _                                                                        |                                                                                                                                                                             | REMAIN<br>AFTE<br>AMENDA       | R                               |             | PRE     | JMBER<br>VIOUSLY<br>ID FOR                 | PRESENT<br>EXTRA | F        | RATE                  | ADDI-<br>TIONAI<br>FEE |               |          | RATE               | ADDI-<br>TIONAL        |
| ⊢                                                                        | Total                                                                                                                                                                       | •                              |                                 | Minus       | **      |                                            | =                | 5        | <b>(\$ 9=</b>         | FEE                    | ٦.            | _        | X\$18=             | FEE                    |
| -                                                                        | ndependent                                                                                                                                                                  | *                              | _ {                             | Minus       | ***     |                                            | =                | $\vdash$ | (39=                  |                        | 1             | OR       |                    |                        |
| 1,                                                                       | IRST PRESE                                                                                                                                                                  | NIATION                        | OF MU                           | LTIPLE DE   | PENDE   | NT CLAIM                                   |                  | $\vdash$ | ₩ <i>5</i> =          |                        | -1c           | OR _     | X78=               |                        |
| If t                                                                     | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                |                                 |             |         |                                            |                  |          |                       |                        | o             | R        | +260=              |                        |
| -If I                                                                    | the "Highest Num<br>the "Highest Num<br>te "Highest Num                                                                                                                     | Tiber Previo                   | usiy Pak                        | For IN TH   | S SPACE | E is less than                             | 20, enter "20."  | ADD      | TOTAL<br>IT. FEE      |                        | ]0            | P AE     | TOTAL<br>DDIT. FEE |                        |
|                                                                          |                                                                                                                                                                             |                                | , · and                         | . S. LIDELD | mueper  | ivent) is the f                            | ngnest number f  | ound i   | in the app            | rooriate h             | ov in         | · ~      | DO 1               |                        |